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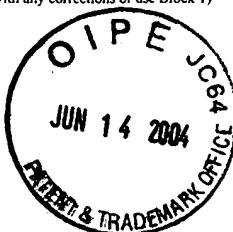
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26875 7590 03/08/2004  
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<b>William R. Allen, R. No. 48,389</b> (Depositor's name)
<i>(William R. Allen)</i> (Signature)
8 June 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/030,011	06/11/2002	John J Bissler	CMC-151	5783

TITLE OF INVENTION: HEMOFILTRATION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1330	\$0	\$1330	06/08/2004
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EXAMINER	ART UNIT	CLASS-SUBCLASS
DRODGE, JOSEPH W	1723	210-645000

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Wood, Herron & Evans, L.L.P.**

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Children's Hospital Medical Center**

**Cincinnati, Ohio**

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

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(Authorized Signature) *William R. Allen* (Date) *8 June 2004*

**William R. Allen, Reg. No. 48,389**

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